

Saipan Ice & Water Co., Inc.

P.O BOX 501808, SAIPAN MP 96950

Tel. No. 322-6130, 322-5991

We Care About Your Health

No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	DYS	DATE	110309
ADDRESS	KAGMAN	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	

Equipment Description:

Visit Frequency	____:Week/Month	Last Microbiology Test Result / Remarks:
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SERVICE REPORT*check on RO system***FINDINGS/COMMENTS:****INSPECTION & MAINTENANCE CHECKLIST**

(Describe briefly result of inspection and recommendation)

Anti-scalant Level	<i>full</i>	UV Light Unit (s)	
Chlorine Level	<i>0.5 mg/l</i>	Ozonator	<i>ok</i>
Pre-filter	<i>ok</i>	Hardness Reading	
Post-filter	<i>ok</i>	Feed Water TDS	<i>1200 ppm</i>
Feed Pump Pressure	<i>40 psi</i>	Product Water TDS	<i>50 ppm</i>
Permeate Flow Rate (GPM)	<i>2.0 GPM</i>	Chlorine Reading	<i>0</i>
Reject Flow Rate (GPM)		Others	

Recommendation (indicate particular work done or parts of system inspected):*check chlorine & TDS & feed flow & RO product
check operation pressure & flow rate*

Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		<i>Rod de la Riva</i>	<i>planning</i>

Saipan Ice & Water Co., Inc.

P.O BOX 501808, SAIPAN MP 96950

Tel. No. 322-6180, 322-5001

We Care About Your Health

No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	DYS	DATE	10/18/05
ADDRESS	KAGMAN	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	

Equipment Description: 3000 GPD

Visit Frequency	____:Week/Month	Last Microbiology Test Result / Remarks:
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SERVICE REPORT

Check on RO system

FINDINGS/COMMENTS:

no more fluoron for injector tank

INSPECTION & MAINTENANCE CHECKLIST

(Describe briefly result of inspection and recommendation)

Anti-scalant Level	Full	UV Light Unit (s)	
Chlorine Level		Ozonator	OK
Pre-filter	for replacement	Hardness Reading	
Post-filter		Feed Water TDS	500 ppm
Feed Pump Pressure	40 PSI	Product Water TDS	50 ppm
Permeate Flow Rate (GPM)	2.0 GPM	Chlorine Reading	
Reject Flow Rate (GPM)		Others	

Recommendation (indicate particular work done or parts of system inspected):

Bring fluoron for injector tank, check chlorine & TDS of feed water & RO product.

Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		ROD de la Raza	

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No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	DGS		DATE	10/10/05
ADDRESS	KAGM		CONTRACT REF.	
CONTACT PERSON			TEL. NO.	
Equipment Description: 3000 GPD				
Visit Frequency	____:Week/Month	Last Microbiology Test Result / Remarks:		
SERVICE REPORT replace new Hi-pressure pump				
FINDINGS/COMMENTS: /				
INSPECTION & MAINTENANCE CHECKLIST (Describe briefly result of inspection and recommendation)				
Anti-scalant Level	full	UV Light Unit (s)		
Chlorine Level		Ozonator	OK	
Pre-filter	OK	Hardness Reading	18 GPG	
Post-filter	OK	Feed Water TDS	1875 ppm	
Feed Pump Pressure	40 PSI	Product Water TDS	44 ppm	
Permeate Flow Rate (GPM)	2.3 GPM	Chlorine Reading		
Reject Flow Rate (GPM)		Others		
Recommendation (indicate particular work done or parts of system inspected): replace new Hi-pressure pump, check hardness, TDS, chlorine pressure & feed system g/k product				
Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date	
		Port de la Rye		

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No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	DCS	DATE	9/29/05
ADDRESS	KAGMAN	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	
Equipment Description: 3000 GPD			
Visit Frequency	____:Week/Month	Last Microbiology Test Result / Remarks:	
SERVICE REPORT check RO system			
FINDINGS/COMMENTS: need to replace pre filter			
INSPECTION & MAINTENANCE CHECKLIST (Describe briefly result of inspection and recommendation)			
Anti-scalant Level	1/2	UV Light Unit (s)	
Chlorine Level	0.5 mg/L	Ozonator	ok
Pre-filter	ok	Hardness Reading	21 Gpg
Post-filter	ready replace	Feed Water TDS	1115 ppm
Feed Pump Pressure	80 psi	Product Water TDS	47 ppm
Permeate Flow Rate (GPM)	2.0 GPM	Chlorine Reading	0
Reject Flow Rate (GPM)		Others	
Recommendation (indicate particular work done or parts of system inspected): replace new filter at pre filter, check hardness, TDS, chlorine of feed H ₂ O & RO product, check process level			
Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		Rosde la Py	

Saipan Ice & Water Co., Inc.

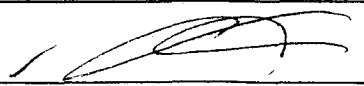
P.O BOX 501808, SAIPAN MP 96950

Tel. No. 322-6130, 322-5991

We Care About Your Health

No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	DYS		DATE	9/26/05
ADDRESS	Cagman		CONTRACT REF.	
CONTACT PERSON			TEL. NO.	
Equipment Description: 3000 GPD				
Visit Frequency	____:Week/Month	Last Microbiology Test Result / Remarks:		
SERVICE REPORT Check RO system				
FINDINGS/COMMENTS: no fluoron reserve (1 gal), fluoron tank need to clean & post filter need for replacement				
INSPECTION & MAINTENANCE CHECKLIST (Describe briefly result of inspection and recommendation)				
Anti-scalant Level	3/4	UV Light Unit (s)		
Chlorine Level	0.1 mg/L	Ozonator	OK	
Pre-filter	OK	Hardness Reading	20 GPG	
Post-filter	for replacement	Feed Water TDS	1000 ppm	
Feed Pump Pressure	40	Product Water TDS	41 ppm	
Permeate Flow Rate (GPM)	2.0 GPM	Chlorine Reading	0	
Reject Flow Rate (GPM)		Others		
Recommendation (indicate particular work done or parts of system inspected): Check hardness, TDS, chlorine & feed flow & RO product check fluoron level & operation pressure				
Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date	
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We Care About Your Health

No.

MAINTENANCE WORK ORDER

CUSTOMER NAME	DYS	DATE	9/19/05
ADDRESS	Ragman	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	
Equipment Description: 3000 GPD			
Visit Frequency	____:Week/Month	Last Microbiology Test Result / Remarks:	
SERVICE REPORT Check on RO system			
FINDINGS/COMMENTS:			
INSPECTION & MAINTENANCE CHECKLIST (Describe briefly result of inspection and recommendation)			
Anti-scalant Level	full	UV Light Unit (s)	
Chlorine Level	0.5 mg/L	Ozonator	OK
Pre-filter	OK	Hardness Reading	20 GPG
Post-filter	OK	Feed Water TDS	1741 ppm
Feed Pump Pressure	40 PSI	Product Water TDS	29 ppm
Permeate Flow Rate (GPM)	2.0 GPM	Chlorine Reading	0
Reject Flow Rate (GPM)		Others	
Recommendation (indicate particular work done or parts of system inspected): check hardness TDS & chlorine & feed H ₂ O & RO product check operational pressure & flow level			
Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		Rodale L. R.	J. R. R.

**Saipan Ice & Water Co., Inc.**

P. O. Box 501808, Saipan MP 96950 * Tel. 322-6130/9848/9455

Fax 322-5991 * E-mail: sprnice@vzpacifica.net

No. _____

MAINTENANCE WORK ORDER

CUSTOMER NAME	DYS	DATE	03/31/05
ADDRESS	KAGMAN	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	

Equipment Description:

3000 GPD

Visit Frequency: _____ /Week/Month Last Microbiology Test Result / Remarks:

SERVICE REPORT

Check on RO System

FINDINGS/COMMENTS:

INSPECTION & MAINTENANCE CHECKLIST
(Describe briefly result of inspection and recommendation)

Hardness Reading	18 gpg	Chlorine Reading	0
Feed Water TDS	1430 ppm	RO Membrane	OK
Product Water TDS	25 ppm	RO Pump	OK
Raw Water Tank	Full	RO Operating Pressure	200 PSI
Product Water Tank	Full	Permeate Flow Rate (GPM)	2.5 GPM
Water Softener System		Reject Flow Rate (GPM)	
Pre-filter	OK	UV Light Unit (s)	
Post-filters	OK	Ozonator	OK
Feed Pump Pressure	60 PSI	CTO Filter	
Product Pressure Pump	30 PSI	Water Meter Reading	
Others	Frozen Unit 3/4	Others	

Recommendation (indicate particular work done or parts of system inspected): Check the hardness and chlorine of feed H₂O, Check TDS of feed & RO product. Check operational pressure of RO machine, check frozen unit.

Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		Rodolfo Reyes	[Signature] 03/31/05



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No. _____

MAINTENANCE WORK ORDER

CUSTOMER NAME	DYS	DATE	03/15/05
ADDRESS	KAGMAN	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	

Equipment Description: 3,000 GPD

Visit Frequency: _____ /Week/Month Last Microbiology Test Result / Remarks:

SERVICE REPORT

Check on RO system

FINDINGS/COMMENTS:

Prepare for Membrane replacement due to the low production of RO H₂O.

INSPECTION & MAINTENANCE CHECKLIST

(Describe briefly result of inspection and recommendation)

Hardness Reading	12 gpg	Chlorine Reading	0
Feed Water TDS	467 ppm	RO Membrane	OK
Product Water TDS	48 ppm	RO Pump	OK
Raw Water Tank	Full	RO Operating Pressure	200 PSI
Product Water Tank	1/4	Permeate Flow Rate (GPM)	1.0 gpm
Water Softener System		Reject Flow Rate (GPM)	
Pre-filter	OK	UV Light Unit (s)	
Post-filters	OK	Ozonator	OK
Feed Pump Pressure	40 PSI	CTO Filter	
Product Pressure Pump	30 PSI	Water Meter Reading	
Others	Procon level: full	Others	

Recommendation (indicate particular work done or parts of system inspected):

Check the hardness & feed H₂O also the chlorine, check TDS & feed H₂O, RO pressure, check operational pressure of unit. Check Procon level.

Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		Rod de la Raza	HA



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No. _____

MAINTENANCE WORK ORDER

CUSTOMER NAME	DYS	DATE	030805
ADDRESS	KAGMAN	CONTRACT REF.	
CONTACT PERSON		TEL. NO.	

Equipment Description:

Visit Frequency: _____ /Week/Month Last Microbiology Test Result / Remarks:

SERVICE REPORT

low production of RO unit

FINDINGS/COMMENTS:

need to clean the Membrane flow rate 1.0 gpm

INSPECTION & MAINTENANCE CHECKLIST

(Describe briefly result of inspection and recommendation)

Hardness Reading	12 gpg	Chlorine Reading	0
Feed Water TDS	1025 ppm	RO Membrane	OK
Product Water TDS	57 ppm	RO Pump	OK
Raw Water Tank	Full	RO Operating Pressure	200 PSI
Product Water Tank	1/4	Permeate Flow Rate (GPM)	2.5 GPM
Water Softener System		Reject Flow Rate (GPM)	
Pre-filter	OK	UV Light Unit (s)	
Post-filters	OK	Ozonator	OK
Feed Pump Pressure	50 PSI	CTO Filter	
Product Pressure Pump	30 PSI	Water Meter Reading	
Others	florom level: Full	Others	

Recommendation (indicate particular work done or parts of system inspected):

clean the Membrane, check chlorine & Hardness of feed water, check TDS of feed & RO product, check operational pressure of RO unit. check florom level

Time Start	Time Finished	Work Performed by & Signature	Customer Rep. Name, Signature, Date
		Rod de los Reyes	